

OFFICE USE ONLY

PO _____

Please complete each section

FULL NAME	DATE:	TITLE OF POSITION APPLIED FOR: (ONE PER APPLICATION)
Last _____ First _____ Middle _____		
ADDRESS _____ Street or PO Box _____ Apt. _____		
City _____ County _____ State _____ Zip Code _____		
Years at this address: _____		
PHONE _____ Home _____ Work _____		
SOCIAL SECURITY NO.		
Are you at least 18 years of age? Yes _____ No _____		
		Minimum salary expected: \$ _____ WHICH OF THE FOLLOWING WILL YOU ACCEPT (Check all that apply) <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Part Time Year Round <input type="checkbox"/> Night Work <input type="checkbox"/> Temporary <input type="checkbox"/> Weekend Work <input type="checkbox"/> Seasonal
		If hired, when can you start? _____

EDUCATION INFORMATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended	Graduate	Degree	Major
High School			Yes___ No___		
College or University			Yes___ No___		
Graduate or Professional			Yes___ No___		
Business, Trade or Military			Yes___ No___		

SKILLS AND LICENSE INFORMATION

Active Professional Registrations/Licenses/Certifications (Examples: Water/Wastewater Grades, EIT, PE, EMT) 	Apprenticeship or Vocational Training What Trade? _____ When? _____ How Long? _____ Where? _____
Do you possess any of the following skills? Typing: Yes <input type="checkbox"/> No <input type="checkbox"/> Speed _____ WPM Steno: Yes <input type="checkbox"/> No <input type="checkbox"/> Speed _____ WPM Word Processing: Yes <input type="checkbox"/> No <input type="checkbox"/> Business Machines: Yes <input type="checkbox"/> No <input type="checkbox"/> Bilingual: Yes <input type="checkbox"/> No <input type="checkbox"/> Which Language? _____	Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State _____ License No. _____ Expiration Date: _____ Class or Type: _____ Use of personal vehicle at work? Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSONAL INFORMATION

Are you a United States Citizen? Yes _____ No _____ If not, are you eligible for employment in the United States?
Yes _____ No _____ (The City will hire only United States citizens or aliens authorized to work in the United States.)

Have you worked for the City before? Yes _____ No _____ If yes, Dept./Div. _____ Dates _____ to _____

Do any of your relatives work for us? Yes _____ No _____ If yes, list names and relationships: _____

Have you complied with the requirements of the Federal Selective Service Registration Act (Draft Registration)? N/A _____ Yes _____ No _____

Have you served in the U.S. Armed Forces? Yes _____ No _____ If yes, Branch _____ Dates _____ to _____
Highest Rank Attained _____ Occupational specialty _____

Have you ever been convicted of a crime other than minor traffic violations? (Does not automatically disqualify you.) Yes _____ No _____ If yes, list date, place and disposition of case: _____

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG SCREENING TEST. SUCCESSFUL COMPLETION OF THE TEST IS NO GUARANTEE OF EMPLOYMENT OR JOB AVAILABILITY.

EMPLOYMENT HISTORY

The City of Miami Gardens is an equal opportunity employer – M/F/H

List below your previous work experience. Start with your most recent position and work back in time. Please include service in the U.S. Armed Forces and any self employment. Use continuation sheet if more space is needed.

LAST OR CURRENT JOB

Employer _____ Phone # _____

Employer's Address _____

Your title _____ Number people supervised: _____

Specific duties _____

May we contact for reference: Yes ☐ No ☐ Comments: _____

Reason for leaving: _____

Month Year

From _____

To _____

Full Time ☐Part Time ☐

Starting Salary _____

Last Salary _____

Supervisor's Name & Title _____

JOB HELD BEFORE LAST OR CURRENT JOB

Employer _____ Phone # _____

Employer's Address _____

Your title _____ Number people supervised: _____

Specific duties _____

May we contact for reference: Yes ☐ No ☐ Comments: _____

Reason for leaving: _____

Month Year

From _____

To _____

Full Time ☐Part Time ☐

Starting Salary _____

Last Salary _____

Supervisor's Name & Title _____

NEXT MOST RECENT JOB

Employer _____ Phone # _____

Employer's Address _____

Your title _____ Number people supervised: _____

Specific duties _____

May we contact for reference: Yes ☐ No ☐ Comments: _____

Reason for leaving: _____

Month Year

From _____

To _____

Full Time ☐Part Time ☐

Starting Salary _____

Last Salary _____

Supervisor's Name & Title _____

NEXT MOST RECENT JOB

Employer _____ Phone # _____

Employer's Address _____

Your title _____ Number people supervised: _____

Specific duties _____

May we contact for reference: Yes ☐ No ☐ Comments: _____

Reason for leaving: _____

Month Year

From _____

To _____

Full Time ☐Part Time ☐

Starting Salary _____

Last Salary _____

Supervisor's Name & Title _____

PERSONAL REFERENCES (List three people, other than relatives or former employers, who can vouch for your character)

Name

Street Address

City/State

Tel. No.

Years Known

1. _____

2. _____

3. _____

I certify that the facts entered in this application are true, complete and accurate to the best of my knowledge. I understand that misstatements and falsifications are grounds for non-selection and, if discovered after employment, are grounds for immediate dismissal without recourse. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the City with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.

Signature of Applicant _____

Date _____